

AMENDED IN ASSEMBLY JUNE 17, 2009

AMENDED IN ASSEMBLY JUNE 1, 2009

**SENATE BILL**

**No. 158**

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**Introduced by Senator Wiggins**

(Coauthors: Assembly Members Evans, Huffman, and Lieu)

February 12, 2009

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An act to amend Section 1367.66 of the Health and Safety Code, and to amend Section 10123.18 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 158, as amended, Wiggins. Health care coverage: human papillomavirus vaccination.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Under existing law, health care service plan contracts and health insurance policies that include coverage for the treatment or surgery of cervical cancer are deemed to provide coverage for an annual cervical cancer screening test, upon the referral of specified persons.

This bill would require those plan contracts and insurance policies to also provide coverage for a human papillomavirus vaccination, as specified.

Because a willful violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 1367.66 of the Health and Safety Code  
2     is amended to read:

3     1367.66. (a) Every individual or group health care service plan  
4     contract, except for a specialized health care service plan *contract*,  
5     that is issued, amended, or renewed, on or after January 1, 2002,  
6     and that includes coverage for treatment or surgery of cervical  
7     cancer shall also be deemed to provide coverage for an annual  
8     cervical cancer screening test upon the referral of the patient's  
9     physician and surgeon, a nurse practitioner, or certified nurse  
10    midwife, providing care to the patient and operating within the  
11    scope of practice otherwise permitted for the licensee.

12    The coverage for an annual cervical cancer screening test  
13    provided pursuant to this section shall include the conventional  
14    Pap test, a human papillomavirus screening test that is approved  
15    by the federal Food and Drug Administration, and the option of  
16    any cervical cancer screening test approved by the federal Food  
17    and Drug Administration, upon the referral of the patient's health  
18    care provider.

19    (b) Every individual or group health care service plan contract,  
20    except for a specialized health care service plan contract, that is  
21    issued, amended, or renewed on or after January 1, 2010, and that  
22    includes coverage for treatment or surgery of cervical cancer shall  
23    also be deemed to provide coverage for a human papillomavirus  
24    vaccination upon the referral of the patient's physician and surgeon,  
25    a nurse practitioner, a physician assistant, or a certified nurse  
26    midwife, providing care to the patient and operating within the  
27    scope of practice otherwise permitted for the licensee.

28    (c) Nothing in this section shall be construed to establish a new  
29    mandated benefit or to prevent application of deductible or  
30    copayment provisions in an existing plan contract. The Legislature

1 intends in this section to provide that cervical cancer screening  
2 services and a human papillomavirus vaccination are deemed to  
3 be covered if the plan contract includes coverage for cervical cancer  
4 treatment or surgery.

5 SEC. 2. Section 10123.18 of the Insurance Code is amended  
6 to read:

7 10123.18. (a) Every individual or group policy of health  
8 insurance that is issued, amended, or renewed; on or after January  
9 1, 2002, and that includes coverage for treatment or surgery of  
10 cervical cancer shall also be deemed to provide coverage, upon  
11 the referral of a patient's physician and surgeon, a nurse  
12 practitioner, or a certified nurse midwife, providing care to the  
13 patient and operating within the scope of practice otherwise  
14 permitted for the licensee, for an annual cervical cancer screening  
15 test.

16 The coverage for an annual cervical cancer screening test  
17 provided pursuant to this section shall include the conventional  
18 Pap test, a human papillomavirus screening test that is approved  
19 by the federal Food and Drug Administration, and the option of  
20 any cervical cancer screening test approved by the federal Food  
21 and Drug Administration, upon the referral of the patient's health  
22 care provider.

23 (b) Every individual or group policy of health insurance that is  
24 issued, amended, or renewed on or after January 1, 2010, and that  
25 includes coverage for treatment or surgery of cervical cancer shall  
26 also be deemed to provide coverage for a human papillomavirus  
27 vaccination upon the referral of a patient's physician and surgeon,  
28 a nurse practitioner, a physician assistant, or a certified nurse  
29 midwife, providing care to the patient and operating within the  
30 scope of practice otherwise permitted for the licensee.

31 (c) Nothing in this section shall be construed to require an  
32 individual or group policy to cover treatment or surgery for cervical  
33 cancer or to prevent application of deductible or copayment  
34 provisions contained in the policy or certificate, nor shall this  
35 section be construed to require that coverage under an individual  
36 or group policy be extended to any other procedures.

37 ~~(d) This section shall not apply to vision only, dental only,~~  
38 ~~accident only, specified disease, hospital indemnity, Medicare~~  
39 ~~supplement, CHAMPUS supplement, long-term care, or disability~~  
40 ~~income insurance. For accident only, hospital indemnity, or~~

1 specified disease insurance, coverage for benefits under this section  
2 shall apply only to the extent that the benefits are covered under  
3 the general terms and conditions that apply to all other benefits  
4 under the policy or certificate. Nothing in this section shall be  
5 construed as imposing a new benefit mandate on accident only,  
6 hospital indemnity, or specified disease insurance.

7 *(d) This section shall not apply to specialized health insurance,*  
8 *Medicare supplement, short-term limited duration health insurance,*  
9 *CHAMPUS-supplement insurance, TRI-CARE supplement, or to*  
10 *hospital indemnity, accident-only, and specified disease insurance.*

11 SEC. 3. No reimbursement is required by this act pursuant to  
12 Section 6 of Article XIII B of the California Constitution because  
13 the only costs that may be incurred by a local agency or school  
14 district will be incurred because this act creates a new crime or  
15 infraction, eliminates a crime or infraction, or changes the penalty  
16 for a crime or infraction, within the meaning of Section 17556 of  
17 the Government Code, or changes the definition of a crime within  
18 the meaning of Section 6 of Article XIII B of the California  
19 Constitution.